

SECTION L
INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

L.1 52.252-1 SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FEB 1998)

This solicitation incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this/these address(es): <http://farsite.hill.af.mil/>
<http://www.arnet.gov/far/>

(End of provision)

L.2 52.204-6 DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER (JUNE 1999)
(Reference 4.603)

L.3 52.211-14 NOTICE OF PRIORITY RATING FOR NATIONAL DEFENSE USE (SEP 1990)
(Reference 11.604)

L.4 52.215-1 INSTRUCTIONS TO OFFERORS--COMPETITIVE ACQUISITION (MAR 2001)
(Reference 15.209)

L.5 52.215-16 FACILITIES CAPITAL COST OF MONEY (OCT 1997)
(Reference 15.408)

L.6. Section L

General The offeror shall comply with the policies specified in the TRICARE Policy Manual 6010.54-M, dated August 1, 2002, including all changes through Change No. 4 at Attachment 1, Section J, in preparing its proposal. This contract is one of three venues through which pharmacy services are provided including, 1) direct care facilities, i.e., Military Treatment Facilities or clinics; 2) the TRICARE Mail Order Pharmacy; and 3) retail pharmacies. No enrollment is required to use any of the pharmacy options. DoD estimates that there are currently 2.5 million beneficiaries (members) utilizing retail pharmacy services out of the total of 8.7 million eligible beneficiaries. The Government will, at a future date, implement a Uniform Formulary regulation that will implement a three-tiered co-pay structure consisting of generic, formulary and non-formulary categories.

L.6.1. Section L provides instructions for preparing proposals. Offerors are cautioned to follow the instructions carefully to assure the Government receives consistent information in a form that will facilitate proposal evaluation. For purposes of preparing proposals, offerors should assume an award date of July 01, 2003. **Attachments referenced in this solicitation are available at the TRICARE web site located at <http://www.tricare.osd.mil> See the following table for details.**

| Attach No. | Description | Location * |
|------------|---|------------------------|
| 1 | TRICARE Policy Manual 6010.54-M, dated August 1, 2002, Change 4. | Referenced Manuals (1) |
| 2 | Definitions | RFP Sections (2) |
| 3 | Claims Adjustments and Recoupment | RFP Sections (2) |
| 4 | TRRx PDTS Interface Control Document (ICD) | Referenced Manuals (1) |
| 5 | TRICARE Systems Manual 7950.1-M (TSM), dated August 1, 2002, Change 4 | Referenced Manuals (1) |
| 6 | Privacy and Release of Information | RFP Sections (2) |
| 7 | DoD Information Assurance Vulnerability Alert (IAVA), 30 December 1999 | RFP Sections (2) |

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| Attach No. | Description | Location * |
|-------------------|--|-------------------------------|
| 8 | DISA IAVA Process Handbook, Version 2.1, 11 June 2002 | RFP Sections (2) |
| 9 | Military Health System (MHS) DITSCAP Checklist | RFP Sections (2) |
| 10 | Physical Security Audit Matrix | RFP Sections (2) |
| 11 | Program Integrity | RFP Sections (2) |
| 12 | Appeals and Hearings | RFP Sections (2) |
| 13 | Records Management | RFP Sections (2) |
| 14 | Accounts Receivable Report Format | RFP Sections (2) |
| 15 | TRRx Surveillance Plan | RFP Sections (2) |
| 16-L | Network Retail Pharmacy Outlets (by NCPDP number) Utilized by TRICARE Beneficiaries - CY2002 | Referenced Manuals (1) |
| 17-L | Zip Code File - Number of Beneficiaries Residing in Each Zip Code | RFP Sections (2) |
| 18-L | TRICARE Retail Pharmaceutical Utilization data by GCN - CY2002 | Referenced Manuals (1) |
| 19-L | Past Performance Questionnaire | RFP Sections (2) |
| * (1) | Attachments are available at the " Referenced Manuals " section of the TRICARE Retail Pharmacy solicitation web page located at http://www.tricare.osd.mil/contracting/healthcare/solicitations/retail | |
| * (2) | Attachments are available at the " VIEW ENTIRE SOLICITATION BY INDIVIDUAL SECTIONS " area of the TRICARE Retail Pharmacy solicitation web page located at http://www.tricare.osd.mil/contracting/healthcare/solicitations/retail | |

L.6.1.1. Offerors are instructed to price the sub-line items in Section B. Quantities identified by the Government are estimates based on TRICARE retail utilization data.

L.6.1.2. Proposals will be evaluated on both written and oral information submitted and presented by offerors. The Government intends to evaluate proposals and award a contract without discussions. Therefore, offerors' initial proposals should contain their best terms from a cost or price and technical standpoint. The Government reserves the right to conduct discussions if the Contracting Officer later determines them to be necessary.

L.6.1.3. Proposals shall be clear, concise, and shall include sufficient detail for effective evaluation and for substantiating the validity of stated claims. The proposal should not simply rephrase or restate the Government's requirements, but shall provide convincing rationale to address how the offeror intends to meet the requirements. Offerors shall assume that the Government has no prior knowledge of their facilities and experience, and will base its evaluation on the information presented in response to this solicitation.

L.6.1.4. Elaborate brochures or documentation, binding, detailed artwork, or other embellishments shall not be submitted. Similarly, for the oral presentation, elaborate productions are not desired.

L.6.1.5. Offeror must complete, sign, and date the offer at blocks 12 through 18 of the Standard Form 33. The offer acceptance period specified in Block 12 must be a minimum of 120 days.

L.6.1.6. Proposals will be reviewed for completeness and compliance with the Request for Proposal (RFP). Proposals that do not include the required information or do not comply with preparation instructions may be rejected.

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L.6.1.7. In accordance with Federal Acquisition Regulation Subpart 4.8, Government Contract Files, the Government will retain one copy of all unsuccessful proposals. Unless the offeror requests otherwise, the Government will destroy extra copies of unsuccessful proposals.

L.6.2. Information

L.6.2.1. Point of Contact: The Contract Specialist is the point of contact for this acquisition. Address any questions or concerns you may have to him. Written requests for clarification may be electronically submitted to Mr. Brown at email address Charles.Brown@tma.osd.mil or mailed to:

Charles R. Brown
Contract Management Division
Contract Management Acquisition Branch (CMAQ)
TRICARE Management Activity
16401 E. Centretch Parkway
Aurora, CO 80011-9066

L.6.2.2. Proposal Submission: Submit the following to the address listed on the Standard Form 33 in electronic media as indicated:

L.6.2.2.1. Volume I Three copies of CD-ROM in Microsoft Office XP containing the written portion of the technical proposal.

L.6.2.2.2. Volume II Three copies of Past Performance Information.

L.6.2.2.3. Volume III Three copies of CD-ROM in Microsoft Excel XP containing Price Proposal.

L.6.2.2.4. Volume IV

L.6.2.2.4.1. Three copies of CD-ROM in Microsoft Office XP containing Volume IV Financial Data.

L.6.2.2.4.2. Three paper hardcopies of completed Section K Representations and Certifications

NOTE: For electronic media, do not use compressed file formats. CD-ROM media must be readable in most CD-ROM drives. Documents such as annual reports, previously printed materials, graphics or any other documents that cannot be submitted in electronic form are exempt. Three paper hardcopies shall be submitted of all materials not submitted via electronic media.

L.6.2.2.5. Proposals shall be marked as follows:

XYZ Corporation
MDA906-03-R-0002
TRICARE Retail Pharmacy

L.6.3. Pre-Proposal Conference

L.6.3.1. A pre-proposal conference will be held in the Denver, Colorado Metropolitan area approximately 2 weeks following release of the RFP. It is anticipated that a separate information certification and security conference will be conducted in conjunction with the pre-proposal conference. Further details will be provided via email to those offerors who registered as potential offerors on the TMA contracting website at <http://www.tricare.osd.mil/contracting/healthcare/solicitations/Retail>. Offerors are encouraged to submit written questions concerning the requirements of this Request for Proposals (RFP) at least 5 working days prior to the start of the pre-proposal conference.

L.6.3.2. Offerors must pre-register on the TMA contracting website <http://www.tricare.osd.mil/contracting/healthcare/solicitations/Retail> prior to the conference date. If an offeror does not pre-register by the time indicated, attendance at the pre-proposal conference will be permitted on a space available basis only. If no offerors have pre-registered prior to the conference date,

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the pre-proposal conference will be cancelled. No alternate conference will be scheduled. Attendance is at the sole expense of potential offerors.

L.6.3.3. The remarks, explanations, and answers provided by Government representatives before, during, and after the pre-proposal conference, whether orally or in writing, shall not change or qualify any of the terms or conditions of the RFP. The RFP can only be changed by a formal written amendment issued by the Contracting Officer.

L.6.4. Proposal Preparation The proposal shall consist of four separate parts as follows:

L.6.4.1. Volume I Technical Proposal

L.6.4.2. Volume II Past Performance Information

L.6.4.3. Volume III Price Proposal

L.6.4.4. Volume IV Financial Data and Section K Representations and Certifications

L.7. The Government shall evaluate each proposal against the following evaluation factors and sub factors:

L.7.1. Factor 1: Network Access (Ref Section C.) - Written Proposal

L.7.2. Factor 2: Network Reimbursement (Ref Section H.) - Written Proposal

L.7.3. Factor 3 PBM Services (Ref Section C.) - Written Proposal

L.7.3.1. Sub factor 1: Claims processing (Ref Section C.) - Written Proposal

L.7.3.2. Sub factor 2: Quality Assurance Plan (Ref Section C.) - Written Proposal

L.7.3.3. Sub factor 3: Disaster Recovery Plan (Ref Section C.) - Written Proposal

L.7.3.4. Sub factor 4: Phase-in Plan (Ref Section C.) - Written Proposal

L.7.4. Factor 4: PBM Operations - (Ref Section C.) Oral Presentation

L.7.4.1. Sub factor 1: Pharmacy Help Desk (Ref Section C.) - Oral Presentation

L.7.4.2. Sub factor 2: Prior Authorizations - (Ref Section C.) Oral Presentation

L.7.4.3. Sub factor 3: Medical Necessity Determinations - (Ref Section C.) Oral Presentation

L.7.4.4. Sub factor 4: Management - (Ref Section C.) Oral Presentation

L.7.4.5. Sub factor 5: Beneficiary Service - (Ref Section C.) Oral Presentation

L.7.5. Factor 5: Past Performance Information - Written Proposal

L.7.6. Factor 6: Price - Written Proposal

L.7.7. The Government will evaluate Factors 1 and 2, and the sub factors under Factors 3 and 4 for proposal risk. Proposal risk is the evaluation of risk and impact to the Government based on the proposed method of completing the task and the offerors' demonstrated experience in performing the effort.

L.8. The Technical Proposal - Volume I

L.8.1 The technical proposal shall be a combination of written documentation and an oral presentation. The written component shall consist of the signed and dated cover sheet to the proposal, and all sub factor components required below. The offeror shall tab each separate item provided in writing and include a Table of Contents to allow reviewers to easily locate specific documents. Offerors shall not address sub factors to be proposed in writing in their oral presentations nor shall they present sub factor information in their oral

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presentation that are to be proposed in writing. The Government will only evaluate proposal factors and sub factors as indicated below.

L.8.2. Factor 1, Network Access - To submit a proposal under this solicitation, the offeror must have an established network in place, at the time of submission of the technical proposal, sufficient to meet the minimum access standards specified in Section C. The offeror shall guarantee either the minimum access standards or the higher access standards it proposes to meet. The offeror shall provide reports using GeoAccess "GeoNetworks" software that demonstrates its coverage. This software will disperse the beneficiary population in a manner representative of the existing population dispersal and allow the offeror to calculate the access rate based on its network pharmacy locations. Offerors shall not use a "zip centroid" or a random dispersal method. The Government has provided at Attachment 16-L a listing of "Network Retail Pharmacy Outlets (by NCPDP #) Utilized by TRICARE Beneficiaries - CY2002". Attachment 17-L provides a "Zip Code File" detailing the number of beneficiaries residing in each zip code. The offeror shall provide an electronic file of retail pharmacies to be included in its network under this contract, including name, address and NCPDP provider number. The offeror will identify, by NCPDP number, existing network pharmacies contained in Attachment 16-L that will not be included in the offeror's proposed TRRx network. The offeror will further identify, by urban, suburban, and rural categories, the total number of beneficiaries (unique utilizers) using each of those pharmacies. The offeror will then identify the number of eligible beneficiaries who will have to change pharmacies in order to use the offeror's proposed TRRx network. The offeror shall discuss its plan to minimize the impact of any disruption or inconvenience to beneficiaries caused by changes to the network structure. The offeror shall discuss its ability to provide specialty pharmacy services to DoD beneficiaries.

L.8.3. Factor 2 - Network Reimbursement

L.8.3.1. Non-network Pharmacies - No proposal is necessary for the pharmaceutical costs associated with non-network pharmacy.

L.8.3.2. Network Pharmacies - The offeror shall detail its pricing structure for pharmaceutical items dispensed from retail pharmacies at Table L-1 below. The Government has provided, at Attachment 18-L, "TRICARE Retail Pharmaceutical Utilization data by GCN for calendar year 2002". The Government has also provided, at Attachment 16-L, data for calendar year 2002 listing all retail pharmacy outlets (by NCPDP number) utilized by TRICARE beneficiaries, the number of TRICARE prescriptions each pharmacy filled, and the number of unique TRICARE utilizers for each retail outlet.

L.8.3.3. Network Reimbursement Table L-1: Table L-1 (below) identifies the offeror's Guaranteed Average Discount Percentage and the offeror's Guaranteed Average Dispensing Fee Per Prescription. The figures proposed by the offeror will be multiplied by the Government-provided estimated quantity of prescriptions and Government-provided Average Wholesale Price (AWP) (of brand name and generic drugs) to determine a "Total Expected Government Cost for Reimbursement of Network Retail Pharmacy Costs," which will be used for evaluation purposes. The Government will use the estimated quantities of prescriptions for each option period as listed in Section B of the solicitation. The "Total Expected Government Cost for Reimbursement of Network Retail Pharmacy Costs" will be the summation of pharmacy costs as calculated in Table L-1, for all five option periods.

L.8.3.3.1. The offeror shall provide supporting documentation evidencing its ability to deliver the guaranteed average discount rate and the guaranteed average dispensing fee. Such information may include but is not limited to:

L.8.3.3.1.1. Identifying the average discount percentage and average dispensing fee by brand and generic drug categories for its currently existing network that is closest in size and scope to the network required under this RFP.

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L.8.3.3.1.2. Identifying the differences between its current network closest in size and scope and the network required under this RFP and its proposed network.

L.8.3.3.2. The Government provides an average AWP for brand name and generic prescriptions for each option period in Table L-1. The offeror shall complete the table by providing guaranteed average discount rates and guaranteed average dispensing fees for each prescription category for each option period. Offerors shall ensure that the proposed guarantees are reasonably balanced from one option period to the next and shall provide a written or quantitative explanation for any significant differences between one contract period versus another. The Government has provided historical utilization data at Table L-2 (below) for consideration in preparing the offer, however, this data does not constitute a commitment by the Government that the AWPs, the mix between brand name and generic, or the number of prescriptions filled will ultimately be the same as the data provided in Table L-1.

L.8.3.3.3. The "Total Expected Government Cost for Reimbursement of Network Retail Pharmacy Costs" is not a priced Contract Line Item Number (CLIN) and is not a part of the evaluation under Factor 5 "Price." Offerors shall prepare Table L-1 in accordance with the instructions provided as "Notes" immediately following the table. The offeror shall also include, as part of its technical proposal Volume I, the Table H-1 at section H.2. complete with the "Guaranteed Average Discount Percentage" and "Guaranteed Average Dispensing Fee" data proposed for each option period in Table L-1.

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| Network Reimbursement Table L-1 For Use in Evaluating Offer | | | | | | | |
|--|------------|--------------------|-------------|--|-----------------------------------|------------------------------------|----------------------------|
| Option Period | Type of Rx | Estimated Quantity | Average AWP | Guaranteed Average Discount Percentage | Guaranteed Average Dispensing Fee | Average Drug Cost | Estimated Total Drug Costs |
| | | (a) | (b) | (c) | (d) | (e) = [(b) x (1 - (c))] + (d) | (f) = (a) x (e) |
| 1 | Brand | 19,519,120 | \$111.00 | | | | |
| 1 | Generic | 15,970,189 | \$41.00 | | | | |
| Subtotal Option 1 | | | | | | | |
| | | | | | | | |
| 2 | Brand | 21,471,032 | \$116.55 | | | | |
| 2 | Generic | 17,567,208 | \$43.05 | | | | |
| Subtotal Option 2 | | | | | | | |
| | | | | | | | |
| 3 | Brand | 23,618,135 | \$122.38 | | | | |
| 3 | Generic | 19,323,929 | \$45.20 | | | | |
| Subtotal Option 3 | | | | | | | |
| | | | | | | | |
| 4 | Brand | 25,979,949 | \$128.50 | | | | |
| 4 | Generic | 21,256,322 | \$47.46 | | | | |
| Subtotal Option 4 | | | | | | | |
| | | | | | | | |
| 5 | Brand | 28,577,943 | \$134.92 | | | | |
| 5 | Generic | 23,381,954 | \$49.84 | | | | |
| Subtotal Option 5 | | | | | | | |
| | | | | | | | |
| Total Expected Government Cost for Reimbursement of Network Retail Pharmacy Costs for Option Periods 1 through 5 | | | | | | | |
| (see notes beginning at next page) | | | | | | | |

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Notes for Network Reimbursement Table L-1

- (a) The Estimated Quantity of prescriptions provided in this table are based on Government pharmacy data for the first quarter FY 03 annualized. The annualized data was then escalated to reflect a 10.0% annual increase. These estimates are provided for use by offerors in preparing a response to solicitation MDA906-03-R-0002. The estimated mix between Brand Name and Generic drugs are approximations based on Government pharmacy data through the end of Calendar Year 2002. The summation of the Brand Name and Generic quantities result in the same quantity used in Section B of this solicitation. The estimated quantity of prescriptions and mix between Brand Name and Generic drugs will be used for evaluation purposes. Offerors may derive their Guaranteed Average Discount and/or Guaranteed Average Dispensing Fee based on use of a different mix between Brand Name and Generic drugs, however, for evaluation purposes, the estimated quantities and mix provided by the Government will be used. These estimates do not constitute a commitment by the Government that this quantity of prescriptions, or mix between type of drugs, will be dispensed in any given option period. The estimated quantities of Retail Pharmacy claims and the assumptions built into the out-year calculations are as follows:

| Rx Volume by Option Period: | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 | TOTALS |
|-------------------------------|---|------------|------------|------------|------------|-------------|
| Medicare Dual-Eligible | 19,180,562 | 21,098,618 | 23,208,480 | 25,529,328 | 28,082,261 | 117,099,249 |
| TRICARE Only | 16,308,747 | 17,939,622 | 19,733,584 | 21,706,942 | 23,877,636 | 99,566,531 |
| Subtotal | 35,489,309 | 39,038,240 | 42,942,064 | 47,236,270 | 51,959,897 | 216,665,780 |
| Assumptions: | <p>Estimated quantities based on October 2002 -- December 2002 data with utilization trended out to Option Period 1</p> <p>Option periods 2 through 5 were increased approximately 10.00% each year to reflect current utilization trends</p> <p>The Brand Name / Generic mix of total drugs used for these calculations are 55% Brand Name and 45% Generic</p> | | | | | |

- (b) AWP is the Average Wholesale Price as established by drug manufacturers for each drug. The Average AWP in Option Period 1 reflects a weighted average of the AWP's in effect as of January, 2003, rounded to the nearest whole dollar for administrative purposes. The remaining option periods were escalated using a 5.0% inflationary factor which is reflective of Calendar Year 2002 retail pharmacy data. Offerors may derive their Guaranteed Average Discount and/or Guaranteed Average Dispensing Fee based on use of different anticipated inflationary factors, however, for evaluation purposes, the Government will use the figures provided in Table L-1.

The Average AWP for brand name drugs, and the assumptions for outyear calculations are as follows:

| Average AWP Brand Name | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
|------------------------|---|----------|----------|----------|----------|
| | \$111.0 | \$116.55 | \$122.38 | \$128.50 | \$134.92 |
| Assumptions: | <p>Option period 1 Average AWP estimated to be \$115.00 based on current data rounded to the nearest whole dollar</p> <p>Increase for each option period is estimated at 5.00% annually</p> | | | | |

The Average AWP for generic drugs, and the assumptions for out-year calculations are as follows:

| Average AWP Generic | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
|---------------------|--|----------|----------|----------|----------|
| | \$41.00 | \$43.05 | \$45.20 | \$47.46 | \$49.84 |
| Assumptions | <p>Option period 1 Average AWP estimated to be \$42.00 based on current data rounded to the nearest whole dollar</p> <p>Increase for each option period is estimated at 5.00% annually</p> | | | | |

- (c) The "Guaranteed Average Discount" is the offeror's Guaranteed Average network pharmacy reimbursement factor. These figures should be displayed in percentage format, to two decimal places, as the percentage of AWP the offeror guarantees. The Guaranteed Average Discount for each type of drug (brand name vs. generic), and for each option period, is at the discretion of the offeror. A Guaranteed Average Discount factor shall be listed for each category of drug (brand name vs. generic) for each option period. For the successful offeror, the Government will utilize the "Guaranteed Average Discount" figures filled in the above table and populate the Network Reimbursement Table H-1 with the same respective figures.

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- (d) The "Guaranteed Average Dispensing Fee" is the offeror's Guaranteed Average Dispensing Fee per prescription filled. These figures should be displayed in dollar format, to two decimal places, as a per-prescription dispensing fee guaranteed by the offeror. The Guaranteed Average Dispensing Fee for each type of drug (brand name vs. generic), and for each option period, is at the discretion of the offeror. For example, if the offeror guarantees a \$2.00 dispensing fee for brand name drugs in Option Period 1 and \$2.25 in each succeeding option period, the table would be populated to reflect "\$2.00" in Option Period 1 and "\$2.25" each for Option Periods 2 through 5. A Guaranteed Average Dispensing Fee shall be listed for each category of drug (brand name vs. generic) for each option period. For the successful offeror, the Government will utilize the "Guaranteed Average Dispensing Fee" figures filled in the above table and populate the Network Reimbursement Table H-1 with the same respective figures.
- (e) The "Average Drug Costs" are the product of multiplying the Government-specified Average AWP by the offeror's Guaranteed Average Discount rate, and then adding the offeror's Guaranteed Average Dispensing Fee to that product.
- (f) The "Estimated Total Drug Costs" are the product of multiplying the Average Drug Costs by the Estimated Quantities of prescriptions. The Estimated Total Drug Costs will be used for evaluation purposes and do not constitute a commitment by the Government that this will be the value of the contract for any given option period.

The "Total Expected Government Cost for Reimbursement of Network Retail Pharmacy Costs for Option Periods 1 through 5" will be the summation of the Estimated Total Drug Costs for brand name and generic drugs for Option Periods 1 through 5. This dollar amount will be used in the best-value tradeoff decision and stands alone from the Section B priced Contract Line Item Numbers.

(End of Notes for Network Reimbursement Table L-1)

Weighted Averages of AWPs for Select Months - Table L-2

| Sep-2002 | #Rx | Avg AWP | Dec 2002 | #Rx | Avg AWP |
|--------------------------|------------------|-----------------|--------------------------|------------------|-----------------|
| Single Source Brand | 1,256,459 | \$107.42 | Single Source Brand | 1,379,413 | \$108.36 |
| Multi Source Brand | 105,912 | \$94.17 | Multi Source Brand | 117,552 | \$104.34 |
| Subtotal Brand Rx | 1,362,371 | | Subtotal Brand Rx | 1,496,965 | |
| Weighted Av Brand | | \$106.39 | Weighted Av Brand | | \$108.04 |
| Generic | 1,092,100 | \$38.46 | Generic | 1,229,416 | \$40.11 |
| Total Rx | 2,454,471 | | Total Rx | 2,726,381 | |

| Oct-2002 | #Rx | Avg AWP | Jan 2003 | #Rx | Avg AWP |
|--------------------------|------------------|-----------------|--------------------------|------------------|-----------------|
| Single Source Brand | 1,343,995 | \$107.65 | Single Source Brand | 1,438,662 | \$114.17 |
| Multi Source Brand | 111,049 | \$99.05 | Multi Source Brand | 121,467 | \$114.37 |
| Subtotal Brand Rx | 1,455,044 | | Subtotal Brand Rx | 1,560,129 | |
| Weighted Av Brand | | \$106.99 | Weighted Av Brand | | \$114.19 |
| Generic | 1,174,063 | \$38.47 | Generic | 1,318,487 | \$41.63 |
| Total Rx | 2,629,107 | | Total Rx | 2,878,616 | |

| Nov-2002 | #Rx | Avg AWP | Feb 2003 | #Rx | Avg AWP |
|--------------------------|------------------|-----------------|--------------------------|------------------|-----------------|
| Single Source Brand | 1,292,629 | \$109.15 | Single Source Brand | 1,287,756 | \$110.83 |
| Multi Source Brand | 109,154 | \$100.00 | Multi Source Brand | 108,379 | \$111.36 |
| Subtotal Brand Rx | 1,401,783 | | Subtotal Brand Rx | 1,396,135 | |
| Weighted Av Brand | | \$108.44 | Weighted Av Brand | | \$110.87 |
| Generic | 1,129,420 | \$39.13 | Generic | 1,182,940 | \$40.61 |
| Total Rx | 2,531,203 | | Total Rx | 2,579,075 | |

| | | | | | |
|-------------------------------------|--|----------|------------------------------------|--|----------|
| FOR Use in RFP: | | | | | |
| Option Period 1 Jan 03 Data Rounded | | | Option Period 4 Option 3 Escalated | | |
| Brand | | \$111.00 | Brand | | \$128.50 |
| Generic | | \$41.00 | Generic | | \$47.46 |
| Option Period 2 Option 1 Escalated | | | Option Period 5 Option 4 Escalated | | |
| Brand | | \$116.55 | Brand | | \$134.92 |
| Generic | | \$43.05 | Generic | | \$49.84 |
| Option Period 2 Option 1 Escalated | | | | | |
| Brand | | \$122.38 | | | |
| Generic | | \$45.20 | | | |

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L.8.4. Factor 3, PBM Services

L.8.4.1. Sub factor 1 - Claims Processing - The offeror shall agree to meet or exceed the minimum processing standards specified at Section C for electronic and beneficiary submitted claims. The offeror shall provide a detailed description of current claims processing procedures to include non-network and split-billing paper claims, platform configurations, and redundancy capability and fail-over procedure. The offeror shall describe its plan to integrate DoD's retail pharmacy business, including its current capacity and its plan to add capacity, if necessary, during the phase-in period or through the life of the contract.

L.8.4.2. Sub factor 2 - Quality Assurance Plan - The offeror shall provide a detailed quality assurance plan that discusses staffing, including experience and credentialing, problem prevention, detection and correction, and whether the plan is compliant with any external quality control review protocols, e.g., ISO 9000. The plan shall also describe in detail the offeror's pharmacy audit procedures.

L.8.4.3. Sub factor 3 - Disaster Recovery Plan - The offeror shall provide a detailed disaster recovery plan that discusses staffing, processes, facilities, testing, redundancy, and back-up hardware. The plan shall also address continuity of beneficiary service functions in the event of a disaster.

L.8.4.4. Sub factor 4 - Phase-in Plan - The offeror shall provide a detailed transition plan identifying the offeror's critical milestones in a Gantt chart format, and identify personnel positions responsible for completing critical phase-in functions. The plan shall also describe in detail how the offeror will comply with the TRRx Interface Control Document (ICD) at Attachment 4, Section J. The offeror shall provide its plans for coordinating with the outgoing Managed Care Support contractors, their claims processors and PBMs.

L.8.5. Factor 4 - PBM Operations

L.8.5.1. Sub factor 1 - Pharmacy Help Desk - The offeror shall describe its proposed hours of operation for the help desk and provide data reports demonstrating the call access standards for its existing pharmacy help desk e.g., average wait times and call abandonment rate. The offeror shall describe its staffing and ongoing training procedures specific to the TRICARE Pharmacy benefit.

L.8.5.2. Sub factor 2 - Prior Authorizations - The offeror shall detail its plan for performing required Prior Authorizations to completion, identify the frequency and number of follow-up attempts the offeror will make with a prescriber. The offeror shall describe its plan to incorporate the TRRx requirements into its current book of business. The offeror shall describe its current Prior Authorization operation outlining the organization and staffing structure, including the number of personnel by position; average number of Prior Authorizations the offeror performs on a daily basis and the number that require more than two working days to resolve to completion.

L.8.5.3. Sub factor 3 - Medical Necessity Determination - The offeror shall detail its plan for performing required Medical Necessity Determinations to completion, identify the frequency and number of follow-up attempts the offeror will make with a prescriber. The offeror shall describe its plan to incorporate the TRRx requirements into its current book of business. The offeror shall describe its current Medical Necessity Determination operation outlining the organization and staffing structure, including the number of personnel by position; average number of Determinations the offeror performs on a daily basis and the number that require more than two working days to resolve to completion.

L.8.5.4. Sub factor 4 - Management - The offeror shall provide an organizational chart delineating the lines of authority of management personnel proposed to be involved in the operation of the contract. The offeror shall

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describe the personnel and experience, relevant to PBM operations, of its account management team including the executive sponsor and account manager. The offeror shall identify backup procedures when key personnel are absent. The offeror shall describe its experience servicing multiple large accounts, with large accounts defined as covering a minimum of one million beneficiaries. The offeror shall describe how client specific operating procedures are implemented.

L.8.5.5. Sub factor 5 - Beneficiary (Member) Services - The offeror shall describe its current beneficiary services operation outlining the organization and staffing structure, including the number of personnel by position. The offeror shall detail its plan to accommodate the increased beneficiary inquiry volume resulting from this solicitation. The offeror shall describe the training program for its beneficiary service center staff. The offeror shall detail its current performance goals and the extent to which those goals have been achieved. The offeror shall specify its guaranteed performance standards relating to telephone inquiries and written correspondence. In addition, the offeror shall describe any additional performance standards it will meet or exceed. At a minimum, performance standards shall include telephone answering times, blocked and abandoned call rates, hold time to reach a beneficiary service representative, and written correspondence response time. The offeror shall describe and provide examples of its beneficiary service center summary reports.

L.8.5.6. Oral Presentation

L.8.5.6.1. Offerors will be scheduled, by telephone and e-mail, for an oral presentation after the closing date for submission of written proposals. Offerors will be scheduled for their oral presentation by a random lottery drawing conducted by the Contracting Officer. Requests for rescheduling will not be accepted unless determined necessary by the Contracting Officer.

L.8.5.6.2. Only Evaluation Factor 3 and its sub factors listed above shall be discussed in the oral presentation. The offeror shall not describe its approach or processes for meeting any other requirements. This presentation shall not be a marketing or sales presentation, but rather an opportunity for the offeror to demonstrate its understanding of the requirement and to present its solution to meeting the requirement and providing the best value to the Government. This presentation shall only address the offeror's technical solution to the requirement. The written portions of Volume I, Volumes II, III, and IV in their entirety, and the past performance information shall not be addressed in this presentation. However, offerors may address their experience in performing proposed processes and procedures. This information may be considered by the evaluators in the assessment of proposal risk. The Government participants may ask questions to clarify information presented, but the Government will not engage in discussions or negotiations during the presentation. The offeror shall have two hours to complete its oral presentation. The offeror is not required to use the full two hours, but under no circumstances will the offeror be allowed to exceed the two-hour time limit. Following the presentation, the Government will recess to develop clarification questions. These questions may request clarification of any element of the offeror's technical proposal including the written, oral and past performance elements. Following the recess, the Government will present written clarification questions to the offeror. The offeror shall present its answers orally. If necessary, the Government will ask follow-up clarification questions to the offeror's responses. (See TRRx Offeror Oral Presentation Agenda, next page)

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| TRRx Offeror Oral Presentation Agenda | | | | |
|---|--------------------------------|---------------------------|-----------------------------|----------------------------|
| Sequence | Offeror/ Government | Beginning Time | Maximum Duration | Activity |
| 1 | Offeror | 0800 MST | 2 Hours | Oral Presentation |
| 2 | Government | 1000 MST | 2 Hour | Recess - Develop Questions |
| 3 | Offeror | 1300 MST | 2 Hours | Recess - Develop Answers |
| 4 | Offeror | 1500 MST | 1 Hour | Oral Response to Questions |
| * All times referenced above are approximate | | | | |

L.8.5.6.3. At its option, the offeror's presentation media may include a PowerPoint presentation. If used, the PowerPoint presentation shall be limited to simple black and white slides without animation. The offeror's slide presentation shall not exceed 50 slides. The Government will evaluate all information presented on the slides and information presented orally related to the slides. If information presented orally differs from information presented on a slide(s), the information presented on a slide(s) will take precedence over the information presented orally. The Government will not evaluate any information on any slide in excess of slide number 50. Ten copies of the presentation will be provided to the Government with the submittal of the written proposal. The offeror shall not revise the slide presentation after submittal. The Government will have the necessary equipment available to support the slide presentation.

L.8.5.6.4. The individuals presenting the offeror's proposal shall be company employees with direct responsibility for the areas they are presenting. No outside consultants shall be used in the presentation.

L.8.5.6.5. The presentations will be held at a TMA specified location in the Denver, Colorado metropolitan area. Presentation times will be determined within five calendar days following receipt of the hard copy proposals. Failure to appear at the appointed time for the presentation will be deemed to be a late proposal and considered in accordance with Federal Acquisition Regulation (FAR) 15.208 -- Submission, Modification, Revision, and Withdrawal of Proposals. The presentations will be videotaped. One copy of the video recording of the presentation will be provided to the offeror upon written request.

L.9. Factor 5 - Past Performance Information - Volume II

L.9.1. This section applies to the offeror and its first-tier subcontractors. The term "first-tier subcontractor" does not include network pharmacies, nor does it include subcontractors performing functions not related to PBM functions, e.g., custodial services. The offeror shall submit a description of the past performance that it and its first-tier subcontractors have in performing work as a Pharmacy Benefit Manager (PBM) providing for the delivery of retail pharmacy services. The Government will only accept and review past performance information dating from January 1, 2000. The offeror may submit any past performance data available that demonstrates the ability of itself and its first-tier subcontractors to perform the required PBM functions. The Government may, at its option, obtain past performance data from any other source, including federal, state and local Government sources, as well as commercial and internet based sources. Past performance data will be used to assess performance confidence. The data provided by the offeror shall identify the customer, functions performed under the cited contract, covered time period, supporting documentation for the information provided, and a verified point of contact (name, title, address, phone number) who will discuss the offeror's performance with the Government.

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L.9.2. The offeror and each of its first-tier subcontractors shall submit past performance data from each of its five largest current customers to whom it provides services as a PBM or PBM related services. Annual prescription volume shall determine the five largest customers. Data submitted shall include the completed Past Performance Questionnaire at Attachment 19-L, and any other pertinent data, positive and/or negative. The offeror shall not include accounts from its own subsidiaries, subcontractors, or team members. The past performance data shall identify the customer, functions performed under the cited contract, covered time period, contract value, supporting documentation for the information provided, and a verified point of contact (name, title, address, phone number) who will discuss the offeror's performance with the Government. The offeror may submit client completed appraisals, customer satisfaction surveys, or any other documentation in its possession or obtained from the customer detailing the offeror's past performance. The Government may, at its option, contact the offeror's references to discuss the offeror's past performance.

L.9.3. The offeror and each of its first-tier subcontractors shall provide a listing of all federal, state and local Government contracts that are for the provision of PBM services. The offeror shall provide a verified point of contact for each contact (name, title, address, phone number) who will discuss the offeror's performance with the Government. The offeror may submit client completed appraisals, customer satisfaction surveys, or any other documentation in its possession or obtained from the customer detailing the offeror's past performance. The Government may, at its option, contact the offeror's references to discuss the offeror's past performance.

L.9.4. If the offeror has had any contracts terminated for default or cause anytime after January 1, 2000, the offeror shall submit documentation detailing the reason for the termination. The documentation shall identify the customer, its address, the cognizant contracting official and his/her telephone number. If the termination for cause was a result of the offeror's failure to perform the contract satisfactorily, the offeror shall also provide its corrective action and the results of that action. This paragraph also applies to any first-tier subcontractors.

L.9.5. The offeror, and each of its first-tier subcontractors, shall identify the last ten contracts not renewed by a customer. The offeror shall provide the customers name, address and point of contact. The offeror shall specify why the contracts were not renewed. This includes contracts lost upon being re-competed, contracts with unexercised options or any other reason a contract may not have been renewed.

L.9.6. Any offeror without past performance history shall submit information relating to personnel in the firm who have relevant past performance history. Offerors shall specifically identify relevant past performance efforts for each individual cited, the nature of the history and the results of the individuals efforts. Resumes do not constitute evidence of past performance history. Offerors shall also submit references from the five largest PBM related customers for each of its partner or consortium members in accordance with paragraph L.15.3.

L.10. Factor 5 - Price - Volume III

L.10.1. Administrative Pricing. Offerors shall submit Fixed Unit Prices and extended Amounts based on Estimated Quantities provided for all Contract Line Item Numbers (CLINs) except CLINs 1006, 2006, 3006, 4006, and 5006 for all contract periods, in Section B, Supplies or Services and Prices/Costs. Section B constitutes the "offer" to the Government. Failure to submit a completed Section B will result in an incomplete offer and the offeror will no longer be considered for contract award. Cost or pricing data are not required to be submitted. However, information "other than cost or pricing data" is required in accordance with FAR 15.403-3 to assist in the determination of a fair and reasonable price offered. Any submitted information "other than cost or pricing

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data" may be in the offeror's own format, with the exception of the Network Reimbursement Table, L-1.

L.10.1.1. Phase-In. The offeror shall propose a Firm-fixed-price for Phase-In activities in CLIN 0001. This amount shall include all costs anticipated during the Phase-In period to accomplish the Phase-In requirements detailed in Section C of the solicitation.

L.10.1.2. Administrative Fees (Claim Rates). The Administrative Fees for claims processing requirements are segregated Medicare Dual-Eligible beneficiaries and TRICARE-only beneficiaries. Although the requirements for these two CLINs are identical, they have been segregated to accommodate Government funding requirements unique to this program. Each of these CLINs is further subdivided into sub-CLINs to recognize electronic media claims, EMC, and paper claims. While the requirements for Medicare Dual-Eligible beneficiaries and TRICARE-only beneficiaries are identical and the offeror may propose different prices for each, the Government requests a narrative or quantitative explanation as to any differences in the proposed unit prices between the Medicare Dual-Eligible and TRICARE-Only Eligible sub-CLINs.

L.10.1.2.1. The price per-claim for each sub-CLIN shall include all costs associated with adjudicating each claim and shall not include any costs associated with phase-in, phase-out, pharmaceuticals (including product cost and dispensing fees), Prior Authorizations or Medical Necessity Determinations. The cost of Information System Certification and Accreditation, Physical and Personnel Security shall also be excluded from Administrative Fees. The price per claim shall include all associated administrative costs, including but not limited to, beneficiary services, marketing and education, recoupments, appeals, program integrity, and all other costs not specifically excluded above. Offerors shall propose a separate unit price for each sub-CLIN, for each of the five option periods multiplied by the Government-estimated claim volumes provided in the solicitation. The Government-estimated electronic and paper claim volumes are based on historical utilization and are for evaluation purposes. These volume estimates do not constitute a guaranteed commitment by the Government.

L.10.1.3. Prior Authorizations. Section B of the RFP provides for two separate CLINs for Prior Authorization requirements. One CLIN is for Medicare Dual-Eligible beneficiaries and the other CLIN is for TRICARE-Only beneficiaries. These are separated to accommodate Government funding requirements unique to this program. Section B of the RFP also provides for two separate sub-CLINs within each of these CLINs for a total of four sub-CLINs related to Prior Authorization requirements. Two sub-CLINs are for Government-provided Prior Authorization criteria and the other two sub-CLINs are for contractor-proposed Prior Authorization criteria. The Government anticipates that the rates proposed for a respective option period will be the same for Medicare Dual-Eligible beneficiaries as for TRICARE-only beneficiaries since separate sub-CLINs were established for internal accounting purposes only. While the requirements for Medicare Dual-Eligible beneficiaries and TRICARE-only beneficiaries sub-CLINs are identical, should the offeror propose different prices for these sub-CLINs, the Government requests a narrative or quantitative explanation as to any differences in the proposed unit prices between the Medicare Dual-Eligible and the TRICARE-Only Eligible sub-CLINs.

L.10.1.3.1. The price per Prior Authorization for each sub-CLIN shall include all costs associated with performing the Prior Authorization and shall not include any costs associated with phase-in, phase-out, pharmaceuticals (including product cost and dispensing fees), claims adjudication or Medical Necessity Determinations. Offerors shall propose a separate unit price for each sub-CLIN, for each of the five option periods multiplied by the Government-estimated Prior Authorization volumes provided in the RFP. The estimated number of Prior Authorizations for these CLINs are based on historical data and are for

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evaluation purposes. These volume estimates are not a guaranteed commitment from the Government.

L.10.1.4. Medical Necessity Determinations. The requirements for Medical Necessity Determinations are segregated between CLINs X005AA for Medicare Dual-Eligible beneficiaries and CLINs X005AB for TRICARE-Only beneficiaries. Although the requirements for these two CLINs are identical, they have been segregated to accommodate the Government funding requirements unique to this program. While the requirements for CLINs X005AA and X005AB are identical and the offeror may propose different prices for these sub-CLINs, the Government requests a narrative or quantitative explanation as to any differences in the proposed unit prices between the Medicare Dual-Eligible and TRICARE-Only Eligible sub-CLINs.

L.10.1.4.1. The price per Medical Necessity Determination for each sub-CLIN shall include all costs associated with performing the Medical Necessity Determination and shall not include costs associated with phase-in, phase-out, pharmaceuticals (including product cost and dispensing fees), claims adjudication or Prior Authorizations. Offerors shall propose a separate unit price for each sub-CLIN, for each of the five option periods multiplied by the Government-estimated Medical Necessity Determination volumes provided in the solicitation. The estimated number of Medical Necessity Determinations for these CLINs are based on historical data and are for evaluation purposes. These volume estimates are not a guaranteed commitment from the Government.

L.10.1.5. Phase-Out. The offeror shall propose a firm-fixed-price for phase-out activities for each respective option period. This amount shall include all costs associated with transitioning to a follow-on contract as detailed in Section C.

L.10.1.6. Information System Certification and Accreditation, Physical and Personnel Security in accordance with C.14.6., C.14.7., and C.14.8. The offeror shall propose a firm-fixed-price for Information System Certification and Accreditation, Physical and Personnel Security activities for the base period and each respective option period. This amount shall include all costs associated with the activities described at Sections C.14.6., C.14.7., and C.14.8. Costs for the HIPAA compliance requirement described at Section C.14.5.2. shall not be included as a portion of the cost of Information System Certification and Accreditation, Physical and Personnel Security.

L.10.2. Financial Data and Section K Representations and Certifications - Volume IV:

L.10.2.1. The Offeror must demonstrate adequate financial resources to perform the prospective contract or demonstrate an ability to obtain adequate financial resources. This information includes information on the offeror's line(s) of credit, funding mechanisms, and future plans for additional line(s) of credit. Offerors shall submit the following financial statement data for the three most recent and complete fiscal years and the most recent interim accounting period if applicable. The data must be submitted on the parent corporation, on the subsidiary offeror and on any prior or prospective significant merger candidates:

- Balance Sheets
- Statement of Retained Earnings
- Statement of Cash Flows
- Statement of projected quarterly cash flow for the period April 1, 2003 through March 31, 2006

Offerors that are start-up companies, without annual reports, shall provide historical documents (i.e., tax returns), projected income statements and balance sheets, and narrative documentation supporting their ability to obtain financial resources to perform the contract.

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L.10.2.1.1. Offerors shall clearly label all financial statements as audited or un-audited and include the date last audited, by whom the data was audited, and the date, if applicable, of any certification of the financial statements by the responsible company official. All off-balance sheet arrangements and related party transactions must be clearly disclosed and explained. The financial information submitted will be used by the Contracting Officer in making a financial responsibility determination.

L.10.2.2. Copies of adverse financial items uncovered in the last three years' State Insurance Department audits shall be submitted, if applicable. Offerors shall provide a supporting narrative, including a brief description of anomalies in the submitted financial data and a brief description of any projected increases and decreases in the offeror's business base.

L.10.2.3. Offerors shall include a guarantee from the offeror's holding or parent company indicating their willingness to guarantee complete and faithful performance of the offeror and to provide the offeror all necessary and required resources including financing, which are necessary to assure the full, complete and satisfactory performance of the contract. The preferred format for this guarantee is DLA Form 621, dated February 1973.

L.10.2.4. The Government will review the financial information provided in order to determine responsibility.

L.10.2.5. Cost Accounting Standards (CAS)

L.10.2.5.1. In accordance with the CAS requirements of this solicitation, all offerors shall submit its appropriate CAS disclosure statement, or certification of exemption, concurrently with its proposal.

L.10.2.6. Offerors shall include all required representations and certifications at Section K.

L.11. 52.215-20 REQUIREMENTS FOR COST OR PRICING DATA OR INFORMATION OTHER THAN COST OR PRICING DATA (OCT 1997)

(a) Exceptions from cost or pricing data. (1) In lieu of submitting cost or pricing data, offerors may submit a written request for exception by submitting the information described in the following subparagraphs. The Contracting Officer may require additional supporting information, but only to the extent necessary to determine whether an exception should be granted, and whether the price is fair and reasonable.

(i) Identification of the law or regulation establishing the price offered. If the price is controlled under law by periodic rulings, reviews, or similar actions of a governmental body, attach a copy of the controlling document, unless it was previously submitted to the contracting office.

(ii) Commercial item exception. For a commercial item exception, the offeror shall submit, at a minimum, information on prices at which the same item or similar items have previously been sold in the commercial market that is adequate for evaluating the reasonableness of the price for this acquisition. Such information may include--

(A) For catalog items, a copy of or identification of the catalog and its date, or the appropriate pages for the offered items, or a statement that the catalog is on file in the buying office to which the proposal is being submitted. Provide a copy or describe current discount policies and price lists (published or unpublished), e.g., wholesale, original equipment manufacturer, reseller. Also explain the basis of each offered price and its relationship to the established catalog price, including how the proposed price relates to the price of recent sales in quantities similar to the proposed quantities;

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(B) For market-priced items, the source and date or period of the market quotation or other basis for market price, the base amount, and applicable discounts. In addition, describe the nature of the market;

(C) For items included on an active Federal Supply Service Multiple Award Schedule contract, proof that an exception has been granted for the schedule item.

(2) The offeror grants the Contracting Officer or an authorized representative the right to examine, at any time before award, books, records, documents, or other directly pertinent records to verify any request for an exception under this provision, and the reasonableness of price. For items priced using catalog or market prices, or law or regulation, access does not extend to cost or profit information or other data relevant solely to the offeror's determination of the prices to be offered in the catalog or marketplace.

(b) Requirements for cost or pricing data. If the offeror is not granted an exception from the requirement to submit cost or pricing data, the following applies:

(1) The offeror shall prepare and submit cost or pricing data and supporting attachments in accordance with Table 15-2 of FAR 15.408.

(2) As soon as practicable after agreement on price, but before contract award (except for unpriced actions such as letter contracts), the offeror shall submit a Certificate of Current Cost or Pricing Data, as prescribed by FAR 15.406-2.

(End of provision)

L.12. 52.216-1 TYPE OF CONTRACT (APR 1984)

The Government contemplates award of a Requirements contract resulting from this solicitation.

(End of provision)

L.13. 52.233-2 SERVICE OF PROTEST (AUG 1996)

(a) Protests, as defined in section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the General Accounting Office (GAO), shall be served on the Contracting Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from Contracting Officer, TRICARE Management Activity, 16401 East Centretech Parkway, Aurora, CO 80011-9066

(b) The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO.

(End of provision)